

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14941

FILED MAY 15 1944

Registration District No. 138

Primary Registration District No. 3127

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jane Chinn Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community 1 day

3. (a) PRINT' FULL NAME: Cecilia Marie Stevens

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife. alive 6. (c) Age of husband or wife if years
7. Birth date of deceased April 27, 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 hr. min.

9. Birthplace Webb City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation infant

11. Industry or business

12. Name Cecil Stevens
13. Birthplace Webb City Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Virginia Lee Thomas
15. Birthplace Pittsburg Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Cecil Stevens
(b) Address 3405 Pearl, Joplin, Missouri

17. (a) burial (b) Date thereof 4/29/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osborne Memorial
PARKER-HUNSAKER

18. (a) Signature of funeral director PARKER-HUNSAKER
(b) Address 1502 Joplin, Joplin, Missouri

19. (a) Apr. 29, 1944 Mrs. Diller Page
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Webb City
(If outside city or town limits, write "RURAL")
(d) Street No. Jane Chinn Hospital
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
year 1944 hour 5 minute 50 A.
April 27, 1944

21. I hereby certify that I attended the deceased from April 28, 1944
that I last saw him er alive on April 28, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death. Respiratory failure
Due to Edema of the brain From birth.

Due to Caput Succedaneum

Other conditions. (Include pregnancy within 3 months of death)

Major findings: 160
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury
23. Signature J. M. Montgomery (M.D. or other)
Address Joplin, Mo. Date signed 4-28-44

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

44-4-384

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed F. M. Jones
Licensed Embalmer No. 2319
P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.